

## **EXHIBIT 1**

Valley Medical Co  
Covington Primary Care  
16850 S.E. 272nd  
Covington, WA 98042

DATE: JAN 24 2002

MADDING LINDA J  
241666

# ADULT HEALTH MAINTENANCE EXAM

ALLERGIES: ASA CURRENT MEDS: Premarin ? + QD

SUBJECTIVE NOTES: - recent death of husband  
- insomnia  
Stress in cont. - no HTN sx  
trouble over life

**IMMUNIZATION** declined  
Tetanus-diphtheria (Td) booster  
Rubella (evidence of rubella infection)  
Poliovirus, poliovirus, hepatitis A  
or B (high risk group)  
**SCREENING**  
Domestic Violence needed  
Total blood cholesterol (women age 45-65)  
Fasting glucose (fasting)  
Fecal occult blood test and/or  
colonoscopy (50-75)  
Mammogram + clinical breast exam  
(women 40-69) Q 1-2 yrs  
after 40 yrs)  
Annual Pap smear (cervix)  
Knee x-ray or visualization of  
(evidence of osteoarthritis)

**CONCERNING**  
Substance use  
Tobacco cessation  
Avoid alcohol/drug use while driving.  
Diet and exercise  
Link to a dietitian, meal plan,  
single tobacco cessation group,  
fruit, vegetables  
Adoptive change in diet  
Regular physical activity  
Injury prevention  
Ergonomic factors  
Motor vehicle safety  
Safe storage/removal of firearms

**CHRONIC PROPHYLAXIS**  
Methicillin with folic acid (women  
planning or capable of pregnancy)  
Diurnal hormone prophylaxis (post and post-  
menopausal women)  
**SEXUAL BEHAVIOR**  
STD screening, avoid high-risk behavior,  
condom/latex barrier with spermicide  
Unintended pregnancy: contraception  
**DENTAL HEALTH**  
Regular visits to dental care provider  
Floss, brush with fluoride toothpaste daily.

PHYSICAL EXAMINATION: (All items examined, abnormalities circled) ☐ Only checked items examined, abnormalities circled

VITALS	HR: 51	T: 98.4	RR: 16	LMF: HYP	DRUG ALLERGIES:
STONE	WT: 151	HR: 80	BP: 110/60	LAST PAP:	ASA

**GENERAL EXAMINATION** sl obese  
**SKIN SYSTEM** sl sac  
Hair Skin  
Scalp Nails  
**HEAD/EYES**  
Lids NO/AT  
Conj. Conjunctiva  
Lens PERIA  
Vision Vision  
**EARS/NOSE/THROAT**  
Otitis Media  
TMJ  
Hearing  
Nose Pharynx  
**NECK/NODES**  
ROM Thyroid Nodes Bruise  
**LUNGS**  
Percussion Breath Sounds  
**BREASTS** BSED  
c:\laward\lamar\hcl\hcl.doc: Revised 7/99

**ENDOCRINE**  
Neck veins Rate  
Murmurs Rhythm  
PMI S1/S2  
**ABDOMEN**  
Shape Liver  
Sounds Spleen  
Scars Masses  
**MUSCULOSKELETAL/EXTREMITIES**  
Bark Color  
CVA Vitals  
Joints Edema  
**NERVOUS SYSTEM**  
Cranial Nerves Coord.  
Sensory Gait  
Motor Reflexes Mental Status  
**GENITALIA/RECTUM**  
Ext. Gen. BUS Perine  
Vagina Cervix Rectal Prostate  
Uterus Adnexa Ovaries Testes

large cystocele

(Record chronic conditions &amp; ongoing plans on problem list)

Assessment	Plan
1. Health Maintenance	
A. Immunizations	A. up to date
B. Screening	B. Labs Colonoscopy p 3 yrs
C. Chemoprophylaxis (aspirin, estrogen)	C. Cont Prem 0.625 qd
D. Counseling:	D.
1) Substance Use	1)
2) Diet/Exercise	2) encouraged to exercise
3) Tobacco Use	3)
4) Sexual Activity	4) discuss safe sex
5) Dental Health	5)
2. Stress incont.	2. trial of Kegel's, gyn consult
3. Insomnia / nightmares	3. clonazepam 1mg po qhs prn
4.	
5.	
6.	
7.	
8.	
9.	
10.	

RETURN VISIT

Primary Physician's Signature

Reviewer's Signature

DATE

## **EXHIBIT 2**

Tamara J. Sleeter, M.D.

IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA  
AT CHARLESTON

	) Master File No. 2:12-MD-02327
IN RE: ETHICON, INC., PELVIC	) MDL 2327
REPAIR SYSTEM PRODUCTS LIABILITY	)
LITIGATION	) JOSEPH R. GOODWIN
	) U.S. DISTRICT JUDGE
	)
	)
LINDA J. MADDING; et al.,	)
	)
Plaintiffs,	)
	)
vs.	) Case No. 2:12-CV-02512
	)
ETHICON, INC., et al.,	)
	)
Defendants.	)

VIDEOTAPED DEPOSITION OF TAMARA J. SLEETER, M.D.

August 17, 2016

Renton, Washington

1 deposition are to a reasonable degree of medical  
2 certainty?

3 A Yes.

4 Q Okay. And can we have that go back in time to the  
5 beginning of the deposition?

6 Are you comfortable with that?

7 A Yes.

8 Q Okay. Thank you.

9 MR. JOHNSON: Object to the form.

10 (Exhibit No. 3 marked  
11 for identification.)  
12

13 Q (By Mr. Plattenberger) Doctor, I next want to show you  
14 what's been marked as Exhibit No. 3.

15 Doctor, does Exhibit No. 3 appear to evidence a  
16 separate conversation that you had with Linda Madding on  
17 4/11/02 or is this just the typed version of the  
18 conversation that we were just discussing?

19 A This was a result of the conversation of 4/11/02, as  
20 documented from the handwritten note.

21 It is a further expansion on the handwritten note.

22 Q This information that we see here in Exhibit No. 3, was  
23 that information communicated by you to Linda Madding?

24 A Yes.

25 Q Okay. So I would like to go through the warning

1 information in Exhibit No. 3 that is different from or in  
2 addition to the warning information that was in Exhibit  
3 No. 2, okay?

4 A Okay.

5 Q So in Exhibit No. 3 you told Mrs. Madding, prior to her  
6 implant surgery, that on occasion her symptoms may be  
7 worse after this type of surgery, correct?

8 It is the second to last full paragraph. I  
9 apologize.

10 A I did tell her that there could be some problems after  
11 surgery that weren't there before surgery.

12 Q What did you mean when you used the word "symptoms," if  
13 you recall?

14 A I don't recall specifically if they were symptoms related  
15 to her or symptoms in general.

16 Q Okay. You also warned her, during this conversation,  
17 that a catheter may be needed for some time after  
18 surgery, correct?

19 A That's correct.

20 Q You also warned her that leakage due to a fistula may  
21 occur, correct?

22 A Correct.

23 Q You also warned her that tape can erode through the  
24 structures of the bladder and urethra, and vascular  
25 injuries and bowel injuries can occur, correct?

1 A Correct.

2 Q You also warned her that if it is too tight, it may need  
3 to be partially or completely removed with return of  
4 incontinence in some cases, correct?

5 A Correct.

6 Q And in that sentence when you used the word "it," are you  
7 referring to the TVT?

8 A Yes.

9 Q All those warnings that we just went over, that you  
10 communicated with Linda Madding, those were all specific  
11 to the TVT, correct?

12 A Correct.

13 Q If you go to the first paragraph in Exhibit No. 3,  
14 Doctor, it says, "Today we had a discussion about the  
15 risks and benefits of anterior and posterior repair  
16 with"-- I can never say that word correctly.

17 Can you say that, "sacrospinous"--

18 A "Sacrospinous fixation."

19 Q --"and TVT placement as definitive surgical treatment."

20 Do you see that?

21 A Yes.

22 Q What did you mean when you used the phrase "definitive  
23 surgical treatment"?

24 A Repair of the defects that she had that was leading to  
25 her stress incontinence or her incontinence.



1 Q And what defects were those, if you recall?

2 A She had pelvic relaxation. The supporting structures had  
3 been attenuated over time, or childbirth, so that she  
4 couldn't hold her urine when she wanted to.

5 Q So when you use the word "definitive," could you just--  
6 I'm sorry if I missed your answer to this. I was reading  
7 this note.

8 Could you just expand on that a little bit by what  
9 you meant by "definitive"?

10 A Well, we planned to treat her with one surgery.

11 Q And was Mrs. Madding told that this would be one surgery  
12 and then her symptoms would be relieved?

13 MR. JOHNSON: Object to the form.

14 THE WITNESS: She was told that the  
15 object of the surgery was to relieve her symptoms  
16 permanently.

17 Q (By Mr. Plattenberger) Understood. Thank you.

18 And that information, that it could relieve her  
19 symptoms permanently, was that benefit information that  
20 was given to you by Ethicon?

21 MR. JOHNSON: Object to the form.

22 THE WITNESS: Yes.

23 (Exhibit No. 4 marked  
24 for identification.)

25 /////

1 Q (By Mr. Plattenberger) Thank you.

2 Doctor, I want to show you what we have marked as  
3 Exhibit No. 4.

4 Doctor, can you briefly describe what document this  
5 is?

6 A This is Valley Medical Center's operative consent form.

7 Q So is this something that you would have given to Linda?

8 A Yes.

9 Q Okay. If you go down to Box No. 4 in the left-hand  
10 column, do you see that?

11 A Mm-hm.

12 Q It says, "I have been informed that there are significant  
13 risks, such as severe loss of blood, infection, and  
14 cardiac arrest, that can lead to death or permanent or  
15 partial disability, which may be attendant to the  
16 performance of any procedure."

17 Did I read that correctly?

18 A Yes.

19 Q Is this information that we see on this page about  
20 surgery under general anesthesia generally?

21 A Yes.

22 Q Okay. Thank you.

23 Doctor, the last three documents that we looked at,  
24 as far as you know, are those all of the documents in her  
25 medical records that evidence informed consent

1           conversations that you had with Linda Madding prior to  
2           her April 2002 implant surgery?

3     A     Yes.

4     Q     Thank you.

5           Have you and I discussed every specific warning or  
6           potential risk that you communicated to Linda Madding  
7           prior to her April 2002 implant surgery?

8                         MR. JOHNSON: Object to the form.

9                         THE WITNESS: Yes, we have.

10    Q     (By Mr. Plattenberger) Thank you.

11           Again, that information came from Ethicon, correct?

12                         MR. JOHNSON: Object to the form.

13                         THE WITNESS: Yes, it did.

14                                 (Exhibit No. 5 marked

15                                 for identification.)

16

17    Q     (By Mr. Plattenberger) Thank you.

18           Doctor, I want to show you what we have marked as  
19           Exhibit No. 5.

20           This is the 2002 IFU.

21           Doctor, we are going to be using the bolded letters  
22           and numbers in the lower right-hand corner of the  
23           document as a reference, okay?

24    A     Okay.

25    Q     If you could please turn to the page that has the last

1 Q Did you find pelvic organ prolapse in Mrs. Madding when  
2 you first saw her?

3 A Yes, I did.

4 Q And we'll get into more detail as to what you found.

5 As part of your practice at Valley Women's Center,  
6 Dr. Sleeter, did you make an effort to stay up to date  
7 with the state of medical knowledge regarding stress  
8 urinary incontinence?

9 A Yes, I did.

10 Q Regarding urge incontinence?

11 A Yes, I did.

12 Q Regarding the treatment of stress urinary incontinence?

13 A Yes, I did.

14 Q Regarding the use of midurethral slings for the treatment  
15 of stress urinary incontinence?

16 A Yes, I did.

17 Q And regarding the risks associated with stress urinary  
18 incontinence?

19 A Yes, I did.

20 Q How did you keep up to date?

21 A Education by representatives that would come by with the  
22 new tapes, literature reading, discussing with my  
23 colleagues.

24 Q Did you attend medical meetings in which those topics  
25 were discussed?

1 A Yes, I did.

2 Q Did you attend continuing medical education programs  
3 regarding stress urinary incontinence and its treatment?

4 A Yes, there were some.

5 Q During your active practice, were you a member of any  
6 societies?

7 A No, I was not.

8 Q During your practice, at any point in time, did you take  
9 any courses from any manufacturer with respect to  
10 treatment of stress urinary incontinence with midurethral  
11 slings?

12 A Yes, I did.

13 Q What did you take?

14 A There was a course in Florida where you were invited to  
15 come observe a number of these kinds of surgeries.

16 Q Do you recall what manufacturer put that on?

17 A I think it was Ethicon.

18 Q I know in this particular case you implanted an Ethicon  
19 TVT product in Mrs. Madding, correct?

20 A Correct.

21 Q At any point in time did you implant other midurethral  
22 sling products, that were manufactured by other  
23 manufacturers, in women?

24 A No, I did not.

25 Q So TVT was the exclusive type of midurethral sling that

1           then you can pull the cover of the tape off so that it  
2           implants into the patient's body.

3     Q     At the time that you did the surgery on Mrs. Madding, was  
4           use of a midurethral sling, like the TVT, considered to  
5           be a standard of care treatment for stress urinary  
6           incontinence?

7                                 MR. PLATTENBERGER:  Objection;  
8           foundation and form.

9                                 THE WITNESS:  It had become the  
10          standard of care.

11    Q     (By Mr. Johnson)  Do you know the reason for that?

12                                 MR. PLATTENBERGER:  Same objections.

13                                 THE WITNESS:  It was available as part  
14          of the standard of care.  It wasn't the only thing you  
15          could do.

16    Q     (By Mr. Johnson)  Did you ever perform Burch procedures?

17    A     No, I did not.

18    Q     Did you ever perform MMK procedures, Marshall-Marchetti?

19    A     Well, anterior and posterior repair is part of that.

20    Q     All right.  Can you tell a jury what urge incontinence  
21          is?

22    A     Urge incontinence is when the patient has the need to go  
23          and has to run for the bathroom as quick as she can or  
24          she'll get wet.

25    Q     Is that different from stress urinary incontinence?

1 A It's possible.

2 Q But in terms-- if you take a look at the monograph, under  
3 "Complications," there are a number of complications  
4 listed, correct?

5 A Correct.

6 MR. PLATTENBERGER: Can you tell me  
7 what page you are on?

8 MR. JOHNSON: Page 9-- actually, it  
9 starts at Page 8.

10 MR. PLATTENBERGER: And this exhibit  
11 doesn't have any Bates number on it.

12 MR. JOHNSON: I am saying Page 8  
13 through 10 or through 11.

14 MR. PLATTENBERGER: Okay.

15 Q (By Mr. Johnson) Just in looking through that, Doctor,  
16 these were the types of adverse reactions and risks that  
17 you were aware of prior to performing the surgery in  
18 Mrs. Madding; is that correct?

19 MR. PLATTENBERGER: Objection; form.

20 THE WITNESS: Yeah.

21 Q (By Mr. Johnson) Did you answer?

22 A I'm sorry, I didn't hear the question.

23 Q My question is:

24 If you look at the list of complications, causes,  
25 and recommendations, and it looks like it's Pages 8

1 through 10, are those some of the risks that you were  
2 aware of with placement of mesh prior to doing surgery on  
3 Mrs. Madding?

4 MR. PLATTENBERGER: Same objection,  
5 and foundation.

6 THE WITNESS: Yes.

7 Q (By Mr. Johnson) How did you become aware of the risks  
8 of stress urinary incontinence surgery with a midurethral  
9 sling?

10 A Through reports in the literature.

11 Q What did you do to keep up with the literature,  
12 Dr. Sleeter?

13 A I read, on a weekly basis, reports in various journals:  
14 New England Journal of Medicine, American Journal of  
15 Ob-Gyn, occasionally monographs that came through the  
16 hospital.

17 Q The American Journal of Ob-Gyn, is that the gray journal?  
18 the green journal?

19 A I forget which it is. I think it's the gray journal.

20 Q All right. I take it you also became aware of the risks  
21 from meetings with your colleagues at the Valley Women's  
22 Clinic; is that correct?

23 A Yes, that's correct.

24 Q And other meetings that you attended?

25 A That's correct.



Tamara J. Sleeter, M.D.

Page 103

1 Q Medical meetings?

2 In-- well, you were aware also that there were risks  
3 of stress urinary incontinence surgery procedures even if  
4 mesh was not used; is that right?

5 A That's correct.

6 (Exhibit No. 14 marked  
7 for identification.)

8

9 Q (By Mr. Johnson) I am going to hand you-- if you take a  
10 look at Exhibit No. 14--

11 MR. PLATTENBERGER: Before you start,  
12 I would just like a standing objection to any questions  
13 related to this document, based on foundation, so I don't  
14 have to keep interrupting you.

15 MR. JOHNSON: It's done.

16 MR. PLATTENBERGER: Okay. Thank you.

17 Q (By Mr. Johnson) Take a look at Exhibit No. 14.

18 This is a listing of potential risks of non-mesh  
19 stress urinary incontinence surgery, and what I'm going  
20 to ask you to do, Dr. Sleeter, is take a look at this,  
21 and let me know what you were aware of these potential  
22 risks of non-mesh stress urinary incontinence surgery  
23 prior to the surgery performed on Mrs. Madding on April  
24 29 of 2002.

25 If you could just take a look at that list and let

Tamara J. Sleeter, M.D.

Page 104

1 me know.

2 If there's any specific one that you were not aware  
3 of, if you could point that out to me.

4 A I was aware of these.

5 Q Where did you get your knowledge of these risks?

6 A General reading of the literature.

7 (Exhibit No. 15 marked  
8 for identification.)  
9

10 Q (By Mr. Johnson) If you could take a look at Exhibit  
11 No. 15.

12 MR. PLATTENBERGER: Same standing  
13 objection to any questions related to Exhibit No. 15, if  
14 that's okay with you.

15 MR. JOHNSON: That's fine.

16 MR. PLATTENBERGER: Thank you.

17 Q (By Mr. Johnson) Take a look at Exhibit No. 15, and I  
18 will just represent to you, Dr. Sleeter, that the  
19 left-hand column is identical to what was in Exhibit  
20 No. 14, and the right-hand column is a listing of  
21 potential risks of mesh stress urinary incontinence  
22 surgeries.

23 Could you take a look at that list on the right-hand  
24 column, and let me know whether you were aware of those  
25 risks prior to the surgery you performed on Mrs. Madding

Tamara J. Sleeter, M.D.

Page 105

1 on April 29, 2002.

2 A Yes, I was.

3 Q So prior to surgery on-- and where did you get the  
4 information of those risks regarding mesh stress urinary  
5 incontinence surgeries prior to April 29, 2002?

6 A From my reading of the literature, discussion with  
7 colleagues.

8 Q Doctor, so prior to performing surgery-- well, let me ask  
9 you this other question:

10 These risks that are listed on Exhibit No. 14 and  
11 15, are these generally considered to be risks of pelvic  
12 floor surgery, with the exception of erosion of mesh?

13 A Yes, they are.

14 Q Is that something that you learned during your residency?

15 A Yes.

16 Q Doctor, so prior to performing a surgery on Mrs. Madding  
17 on April 29, 2002, you were aware that there was a risk  
18 of acute and chronic pain with intercourse following the  
19 implantation of the TVT, correct?

20 A Yes.

21 Q And you were aware of the risk of acute or chronic pain  
22 as a result of the implantation of the TVT product,  
23 correct?

24 A Yes.

25 Q And you were aware of that before Mrs. Madding's surgery?

Tamara J. Sleeter, M.D.

Page 106

1 A Yes.

2 Q And you were aware that there were potential risks of  
3 urinary frequency, urgency, dysuria or retention,  
4 obstruction, or further incontinence prior to her  
5 surgery, correct?

6 A Yes.

7 Q As a result of the placement of the mesh?

8 A As a result of surgery.

9 Q Yes.

10 And you were aware that those were risks that were  
11 also potentially related to the fact that mesh was in  
12 place in the body, correct?

13 A Yes.

14 MR. PLATTENBERGER: Objection; form.

15 Q (By Mr. Johnson) And you were aware that one or more  
16 surgeries might be needed after the midurethral sling  
17 surgery; is that right?

18 A Yes.

19 Q And I believe you were aware of the risk of erosion of  
20 the mesh into other bodily structures, right?

21 A Yes.

22 Q In fact, though, in Mrs. Madding's case, based upon the  
23 review of the records, which you have had an opportunity  
24 to review before this deposition, you never saw any  
25 exposure of mesh, erosion of mesh into the vagina or any

Tamara J. Sleeter, M.D.

Page 107

1 other structures, such as the bladder or urethra in  
2 Mrs. Madding; is that correct?

3 A That's correct.

4 Q Having looked at Dr. McKay's-- some of Dr. McKay's notes,  
5 he didn't note any erosion, exposure, or extrusion of the  
6 mesh into the vagina, bladder, or urethra either, did he?

7 MR. PLATTENBERGER: Objection;  
8 foundation.

9 THE WITNESS: He did not.

10 Q (By Mr. Johnson) You were aware that following surgery  
11 with implantation of the mesh, that it may not work?

12 A That's correct.

13 Q That the patient might continue with stress urinary  
14 incontinence; is that right?

15 A That's correct.

16 Q Is it your understanding that, from looking at the  
17 records that you reviewed prior to this deposition, the  
18 stress urinary incontinence symptoms were taken care of  
19 following the implantation of the midurethral sling?

20 A She no longer had stress urinary incontinence.

21 Q Are you a member or have you been a member of AUGS or  
22 SUFU?

23 A No.

24 Q Are you familiar with their position statement?

25 A No.

1 and other adverse reactions" that's on Page 5 of Exhibit  
2 No. 6.

3 A Okay.

4 Q Plaintiff's counsel went through these, but Doctor, if  
5 the IFU provided by Ethicon, as of April 2002, had  
6 contained the adverse reactions and other adverse  
7 reactions as set forth in Exhibit No. 6, would you still  
8 probably have recommended the TVT for Mrs. Madding?

9 MR. PLATTENBERGER: Objection; form.

10 THE WITNESS: I would have still  
11 recommended that she have it done, but at that stage of  
12 my career, I would have sent her out to somebody else to  
13 do it.

14 Q (By Mr. Johnson) Why would you have recommended that she  
15 still have a midurethral sling placed?

16 MR. PLATTENBERGER: Hold on before you  
17 answer.

18 I would like to object to the last answer as  
19 nonresponsive and move to strike.

20 Q (By Mr. Johnson) You can still answer.

21 My question is:

22 What is the reason that you would have recommended  
23 that she still have the midurethral sling performed?

24 A It was an option for her to treat her stress urinary  
25 incontinence.

Tamara J. Sleeter, M.D.

Page 126

1 fixation versus the placement of the TVT?

2 A It was a much larger part than placement of the TVT.

3 It's time consuming to do all the dissections that  
4 you need to do and get everything laid out, and then you  
5 have to put the stitch in and you have to do the repair,  
6 and then you can place the TVT as the last that you do.

7 Q So the vast majority of the surgery was the sacrospinous  
8 fixation, not the placement of the TVT?

9 A That's correct.

10 Q Does the vaginal incision need to be larger for the  
11 sacrospinous fixation than if you were just placing a  
12 TVT?

13 A Much larger.

14 Q Why is that?

15 A Because you are opening a space that is longer and wider.

16 With a TVT, you have to have a minimal incision  
17 that's not much wider than the tape itself, to be able to  
18 place it properly.

19 Q And then before you placed the TVT, did you inspect the  
20 tension-free vaginal tape?

21 A Yes, I did.

22 Q What were you looking for when you inspected it?

23 A To make sure that the cover on the tape was properly  
24 intact and it was properly attached to the needles that  
25 you use to place it.

Tamara J. Sleeter, M.D.

Page 127

1           There was no evidence of contamination. The  
2           packaging was intact.

3   Q    Was there any abnormality of the mesh that you saw at any  
4           point in time?

5   A    No.

6                   MR. PLATTENBERGER: Objection.

7           Sorry, hold on.

8           Objection; foundation.

9           Thank you.

10   Q    (By Mr. Johnson) If you had seen an abnormality in the  
11           TVT product at the time that you implanted it, what would  
12           you have done?

13                   MR. PLATTENBERGER: Same objection.

14                   THE WITNESS: I would have asked for a  
15           different tape.

16   Q    (By Mr. Johnson) Did you note any evidence of fraying of  
17           the mesh before implanting it in Mrs. Madding?

18                   MR. PLATTENBERGER: Objection;  
19           foundation.

20                   THE WITNESS: No, I did not.

21   Q    (By Mr. Johnson) Did you note any evidence of roping or  
22           curling of the mesh before you put it in Mrs. Madding?

23                   MR. PLATTENBERGER: Same objection.

24                   THE WITNESS: No, I did not.

25   Q    (By Mr. Johnson) If there had been roping or curling or



Tamara J. Sleeter, M.D.

Page 128

1           fraying, would you have put it in her?

2                           MR. PLATTENBERGER: Same objection.

3                           THE WITNESS: No. I would have asked  
4           for a fresh tape.

5   Q    (By Mr. Johnson) After the surgery, did Mrs. Madding  
6           develop pretty much immediate retention issues?

7   A    It wasn't obvious for the first several days, but then it  
8           became obvious.

9   (Exhibit No. 16 marked  
10    for identification.)

11

12   Q    (By Mr. Johnson) Could you take a look at Exhibit  
13           No. 16, Doctor?

14                           MR. PLATTENBERGER: Which one is that?

15                           MR. JOHNSON: (Indicating.)

16                           THE WITNESS: Okay.

17   Q    (By Mr. Johnson) Are these hospital progress notes from  
18           the hospitalization for April 29 and April 30th, 2002,  
19           for Mrs. Madding?

20   A    These notes were taken after she went home, and they were  
21           in my office.

22                   They were after her surgery.

23   Q    Could you take-- could I see what you're looking at?

24                   Maybe we're looking at different--

25   A    I have the postoperative note and then I have PO No. 1,

Tamara J. Sleeter, M.D.

Page 130

1 Q It should be 2002. I don't know why it says 2003.

2 A She was discharged home on the first postoperative day.

3 Q So on April 30th, 2002, which is the day of the surgery,  
4 she complained of not voiding, has tried everything, her  
5 abdomen is distended, and she's very uncomfortable.

6 Is that right?

7 A That's right.

8 Q And she was cathed for a thousand "Immediate return."

9 What does that mean?

10 A That means she probably hadn't voided any over the period  
11 of time.

12 It's difficult to say how long it was, but usually  
13 most Foleys are taken out at 7 a.m., so it was  
14 approximately five hours.

15 Q So that's a thousand CCs of urine?

16 A Right.

17 Q And then with 500 later, that's an additional 500 CCs of  
18 urine?

19 A Right.

20 Q So in this immediate postop period or the next day, she  
21 did have some evidence of retention?

22 A That's right.

23 Q And then she was sent home with a Foley plus a leg bag;  
24 is that right?

25 A That's right.

1 Do you remember that?

2 MR. JOHNSON: Object to the form.

3 THE WITNESS: I think she was told  
4 about some of these things, even though they weren't on  
5 this list.

6 MR. PLATTENBERGER: Okay. Objection.  
7 I have to move to strike the answer.

8 Can you read the question back, please?

9 MR. JOHNSON: I will withdraw my  
10 objection.

11 MR. PLATTENBERGER: Okay.

12 (Question on Page 148, Line 20-  
13 15 and Page 149, Line 1 read  
14 by the reporter.)

15  
16 MR. JOHNSON: I will object to the  
17 form.

18 Q (By Mr. Plattenberger) Do you remember that, Doctor?

19 A Yes.

20 Q Now, if you were aware, prior to implanting Mrs. Madding,  
21 of potential serious adverse events or risk of injury  
22 regarding the TVT, we have already established that you  
23 certainly would have communicated that information to  
24 Mrs. Madding during the informed consent conversations,  
25 correct?

1 A Yes.

2 Q Okay. Was it your habit and custom, prior to implanting  
3 Mrs. Madding with the TVT, to read warning information  
4 provided to you by device manufacturers regarding the  
5 devices that you were implanting into your patients?

6 A Yes.

7 Q Okay. And did you read-- was it your habit and custom,  
8 prior to implanting Mrs. Madding, to read warning  
9 information provided to you by Ethicon, and other people,  
10 related to the TVT device?

11 A Yes.

12 Q And prior to implanting Mrs. Madding, you relied on that  
13 warning information that you received from Ethicon and  
14 others to perform your risk-benefit analysis regarding  
15 Linda Madding and the TVT, correct?

16 MR. JOHNSON: Object to the form.

17 THE WITNESS: Yes.

18 Q (By Mr. Plattenberger) Doctor, did you see anything in  
19 your notes, during your treatment of Linda Madding, to  
20 indicate that she was ever wearing diapers or pads, prior  
21 to her implant surgery, to deal with her incontinence?

22 A No, I did not.

23 Q Okay. Did you see anything in your notes or has it  
24 refreshed your recollection that Linda Madding ever  
25 complained to you of specific ways in which her